Issue Classification

Application No.	Applicant(s)	
09/540,825	BLACK ET AL.	
Examiner	Art Unit	
Christopher E. Lee	2112	

				IS	SUE C	LASSIF	FICATION	NC								
		ORIG	INAL		CROSS REFERENCE(S)											
CL	SS		SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)											
710 317		317	711	113	130											
INTE	RNAT	IONAL	CLASSIFICATION													
G 0	6	F	13/00													
G 0	6	F	13/36													
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Ch	ر (As	sistant	er 2. Lec Examiner) (Dat	9/2/05 (e)		gh.	1h	Total Claims Allowed: 16								
(Legal Instruments Examiner) (Date)						Glenn rimary Pa ଜୁଲାଇଲାଇଲ	A. Auve tent Exar Center	O.G. Print Claim(s)	O.G. Print Fig							
(1	cyaii		iento Examinei)	(Date)	`		' Ì	1	2							

	Claims renumbered in the same order as presented by applicant										□СРА □			□ т.	T.D.			☐ R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
1	1			31			61			91			121			151			181
2	2			32	-		62]		92			122			152			182
4	3			33			63		•	93			123			153			183
3	4			34			64			94			124			154			184
5	5			35			65			95			125			155		<u> </u>	185
7	6			36			66			96			126			156			186
6	7			37			67			97			127			157			187
9	8			38			68			98			128			158			188
10	9	i		39			69			99			129			159			189
12	10			40			70]		100			130			160			190
11	11			41			71			101			131			161			191
13	12			42			72]		102			132			162			192
15	13			43			73]		103			133			163			193
14	14			44			74]		104			134			164			194
8	15]		45			75]		105			135			165			195
16	16]		46	}		76			106			136			166			196
	17]		47			77	1		107			137			167			197
	18			48	Ì		78			108			138			168			198
	19]		49)		79			109			139			169			199
	20			50]		80			110			140			170			200
	21			51			81			111		_	141			171			201
	22			52	,		82			112			142			172			202
	23			53			83			113			143			173			203
	24			54			84]		114			144			174			204
	25			55			85]		115			145			175			205
	26			56			86			116			146			176			206
	27			57			87]		117			147			177			207
	28]		58			88]		118			148			178			208
	29]		59]		89			119			149			179			209
	30			60			90			120	l		150			180			210